

Date:	Class:	Tuition Cost:
Last Name:	First Name:	Middle Name:
Legal Name Suffix : Circle - Jr., Sr., II, III		
Address:		
City:		
State:	Zip Code:	
Social Security Number:	Telephone Number:	
Employed by:	Work Telephone Number:	
Home School District (where you presently reside):		
WACTC LOCAL ID Number:		

THE FOLLOWING INFORMATION IS REQUIRED BY THE PENNSYLVANIA DEPARTMENT OF EDUCATION:

BIRTHDATE: ____ / ____ / ____					
GENDER: (Please Circle) Male Female Other					
RACE/ETHNICITY:		SPECIAL POPULATIONS		NO	YES
American Indian or Alaskan Native	<input type="checkbox"/>	Displaced Homemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black, Non-Hispanic	<input type="checkbox"/>	Economically Disadvantaged Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian Non-Hispanic	<input type="checkbox"/>	Educationally Disadvantaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic / Latino	<input type="checkbox"/>	Individual with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	Non-Resident Alien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	Limited English Proficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Single Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Military Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS INFORMATION TO BE COMPLETED BY WACTC:

CIP Code:						
PA Secure ID:						
Program Entry Date: / /			Program Exit Date: / /			
MM	DD	YYYY	MM	DD	YYYY	
Program Completion Indicator			0=No 1=Yes			
Passed Occupational Program Indicator			0=Fail 1=Pass			
Passed Academic Program Indicator			0=Fail 1=Pass		2=Not Applicable	

(OVER)

Please provide the following information if your employer is to be billed for course enrollment:

Employer Address _____	
City _____	State _____ Zip Code _____
Phone Number _____	Fax Number _____

Note: Tuition will not be refunded after the second class session has met.

Student Signature Date

Western Area CTC Representative Date

November 2019